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BY PROF. WM. H. VAN BUREN.

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LECTURE II.—PART I.

CORROSIVE CHLORIDE OF MERCURY.*

Hydrargyri Chloridum Corrosivum. U. S.—Hydrargyri Bichloridum. Lond.—Sublimatum Corrosivum, Dub.—Sublimatus Corrosivus, Ed.—Hydrargyri Perchloridum—Corrosive Chloride of Mercury.—Corrosive Sublimate.

GENTLEMEN:—You will observe that we give you a number of names to this important medical agent, and it is right that you should know all the names by which an article is known. The reason so many different names are used, is because chemists have not been agreed as to the equivalent of mercury. While some have held to the opinion that the combining equivalent is 202, others state it to be 101. Supposing the equivalent to be 101, and you will see by our formula ($HgCl$), that we have adopted that theory, the present article is correctly a protocloride, while calomel is a subchloride (Hg_2Cl). But if the equivalent number is 202, then the present article is a *bi per deuto*-chloride ($HgCl_2$), while calomel is a proto-chloride ($HgCl$).

But as physicians, you need not be troubled about these names; it is sufficient for you to know them, you need not use them. The United States Dispensary has adopted the best of names to distinguish these two chlorides. The one we are at present considering is called Hydrargyri Chloridum Corrosivum, or Corrosive Chloride of Mercury, while calomel is known as Hydrargyri Chloridum Mite, or Mild Chloride of Mercury. Let me advise you always to use these distinguishing names, by so doing you may avoid making serious mistakes.

Preparation. I. By the Dry Process.—Mix two parts of dry neutral persulphate of mercury in a porcelain mortar, intimately with one part of powdered and well dried common salt; shake the mixture into a glass flask, which should be only one-third full. Place the flask in an iron dish containing a thin layer of sand, then surround with sand to half its depth, and put the whole into a ring furnace and apply heat, which should be moderate at first. The heat need not at any time be very great, or a considerable portion of the sublimed salt will fuse and fall back again, and thus retard the process. As soon as the sublimate begins to condense upon the upper part of the flask, the mouth is carefully closed to prevent loss. When no more white stellated groups of crystals appear on the surface of the powder at the bottom of the flask, the latter is withdrawn from the sand, cracked by touching it with a wet sponge, and when cold the sublimate in the upper portion of the flask is separated from the glass and kept in vessels excluded from the light.

II. By the Moist Process.—Six parts of mercury, fourteen parts of hydrochloric acid (sp. gr. 1.130), and seven parts of nitric acid (sp. gr. 1.20) are mixed in a plain retort, which is placed in sand bath, a receiver attached without luting and kept cool, whilst the distillation is carried on to dryness. When no more moisture forms in the neck of the retort, the receiver is exchanged for a dry one, the retort is buried as deeply as possible in the sand, and the heat continued until the salt is driven to the upper portion and into the neck of it. The retort is then withdrawn from the sand, a wet cloth applied to the bottom; when cold, the contents separated from the glass, and the pro-

duct, which will be about eight parts, kept in a bottle excluded from the light.

I. Persulphate of mercury and chloride of sodium, when heated together, exchange elements; the oxygen of the oxide of mercury passes to the sodium, and the soda thus formed combines with the sulphuric acid; the mercury and chlorine unite and volatilize, whilst sulphate of soda remains behind; the reactions may be thus explained:—1 at. Hg_2O , SO_3 , and 1 at. $NaCl$, form 1 at. $HgCl$, and 1 at. Na_2SO_4 .

II. Hydrochloric acid has no action on mercury, either cold or hot; but when nitric acid also is present, aqua regia forms, and the metal soon dissolves entirely, forming perchloride of mercury, water, and nitric oxide, which forms in the air brown vapors of hyponitric acid; the reactions may be thus explained:—3 at. Hg , 3 at. HCl , and 1 at. NO_2 , form 3 at. $HgCl$, 3 at. HO , and 1 at. NO_2 .

Properties.—Corrosive chloride of mercury forms a white crystalline mass, consisting of right rhombic prisms heaped together. It is odorless, but possesses a very nauseous metallic taste; it fuses when heated, and volatilizes readily and completely. One part dissolves in sixteen parts of cold and in three parts of boiling water, in two and a half parts of cold alcohol, and in three parts of ether; all of which solutions have an acid reaction. From a hot solution in water it crystallizes on cooling in prisms of a different form from that of the sublimed salt; it is therefore dimorphous. It is soluble also without change in sulphuric, nitric, and hydrochloric acids. It dissolves more readily in solutions of the alkaline chlorides than in pure water, as it forms with them double salts which are very soluble; of these the double salt of mercury and ammonium, *the old sal alembroth, or salts of wisdom*, is still used in pharmacy under the name of Liquor Hydrargyri Bi-chloridi. In a strong light corrosive chloride of mercury becomes reduced, first to proto or mild chloride, and finally to the metallic state. If on treating with water there is a white residue, which is blackened by a solution of potash, *calomel* is present. If it contains any reddish spots, there is a mixture of peroxide of iron.

Tests of Purity.—It should sublime when heated without residue. It should be entirely soluble in sixteen parts of water, in three parts of ether, or in two and a half of alcohol. It should be white and dry.

Incompatibles.—With many of the metals, alkalies, alkaline earths and their carbonates, the soluble salts of silver and lead, soap, lime water, tartar emetic, the soluble sulphates, ferro and ferrideyanides of potassium, sulphur, hydrosulphates, chromate and iodide of potassium, protocloride of tin, piperin, volatile oils, several vegetable infusion and decoctions, and animal and vegetable substances containing albumen, gelatin, or gluten. A solution of this salt is decomposed in the light, but this change is prevented by the presence of the alkaline chlorides.*

Composition.—As it contains one atom of mercury and one of chlorine, its composition is about seventy-four per cent. of mercury and twenty-six of chlorine.

Effects on the System—Local and External.—Corrosive chloride of mercury in a concentrated solution is moderately caustic, producing a considerable amount of irritation. These effects are to some degree produced by its strong affinity for albuminous substances, which it decomposes, and unites with chemically. Its principal local application is to indolent ulcers of a syphilitic character, or to syphilitic cutaneous eruptions. It may be used also, with much benefit, in aqueous solution, to various ulcerated conditions of the throat, with a camel's hair pencil, so as to confine its application as much as possible to the diseased structure. There are other conditions of the throat also, where there are no ulcerations, in which I have made use of it with much benefit, employing a solution in water, from two grains to the ounce, up to a concentrated solution. The diseased conditions of the throat to which I refer, are such as

* Although this article is not a new remedy, yet it possesses so much interest in its more recent applications in practice, that I have placed it in this connexion.

* A more extended table of incompatibles will be found in the Epitome of Braithwaite's Retrospect, pp. 887-889

are seen in scrofulous persons, where the mucous follicles of the tonsils are enlarged and in an unhealthy state, and also in those diseased conditions of the posterior nares and pharynx, caused by that condition of the mucous membrane of the upper air passages, called catarrh. But great caution is necessary in applying this solution, especially to the Schneiderian membrane, otherwise it may produce great local irritation. Professor G. B. Wood recommends it very highly for its caustic effects in onycha maligna; he says, "We occasionally meet with an exceedingly obstinate ulcer, situated around the nail of the finger or toe, attended with considerable swelling, of a fetid odor, and very ill-conditioned appearance, which frequently separates the nail, and seems to show no tendency to heal. Formerly it was deemed necessary sometimes to amputate the finger or toe. I have never met a case which refused to yield to the following treatment, which originated with the late Dr. Perkins, of Philadelphia:—Equal parts of corrosive sublimate and sulphate of zinc, well powdered, are thoroughly mixed; the mixture is sprinkled thickly on the ulcerated surface, so as to cover the whole of it deeply; a pledge of lint, thoroughly wet with tincture of myrrh, is placed over the powder, and the whole dressed with a compress and bandage. It is of little consequence what alcoholic liquid is used, the object of it being, that it should act as a solvent to the mercurial salt. I have generally substituted laudanum for the tincture of myrrh. Severe pain is experienced, which ceases in half an hour, or less; and upon the removal of the dressings, some hours afterwards, an eschar is seen to have formed, covering the whole surface of the ulcer. This is thrown off in the usual time, and a healthy surface left, which heals without difficulty. Little effect is produced on the sound flesh. Whether the chloride would answer the same purpose without the salt of zinc, I do not know, for I have never tried them separately." Very finely powdered sugar may be substituted for the zinc, especially where there is much edema, as the flow of serum will be much more abundant than with the zinc, and the pain is not so severe; a small quantity of muriate of morphia might be incorporated.

Trousseau recommends a solution of this salt in pruritus of the vulva, but it more frequently fails than cures—at least with me.

Internal Effects.—We have spoken of the action of several of the preparations of mercury, and their modus operandi, we therefore shall not have occasion to detain you for any length of time on the action of this remedy.

Corrosive chloride of mercury is used in syphilis; most frequently, however, in the secondary form of this disease. Since the time of Van Swieten and Boerhaave, it has been extensively employed in the pains, nodes, and eruptive diseases of syphilitic origin; and in a great majority of these cases it is found to be of essential benefit. By many persons it is used also in primary syphilis, but it is generally acknowledged to be of inferior value in this form, to some of the other preparations I have before mentioned. It is said by most authors to be contra-indicated, if, in addition to the syphilis, there is a scrofulous taint in the system; but in my opinion, these are the cases that are most benefited by its use, if proper and skilful combinations are made with it. Wherever you find a syphilitic disease engrafted on a scrofulous diathesis, you must be prepared to find an irritable, anaemic, and depraved condition of the system; and so long as you allow the syphilitic disease to continue, that depraved condition will last. It is absolutely necessary to cure as quickly as possible, this poisonous syphilitic disease; and because many have attempted to do it with the corrosive chloride alone, and have thereby not only failed, but have increased the irritability of the system, they have condemned the remedy as an irritant and excitant: whereas, had they administered it in skilful combinations, keeping in view the complications attendant upon the disease, they would have been rewarded with better success. In explaining to you the *modus operandi* of mercury, I stated, that it deteriorated the quality of the

blood by diminishing the amount of fibrin, and generally of the corpuscles also. In scrofula and anaemia we have already a great diminution of the corpuscles of the blood, and generally the fibrine is also much diminished; we therefore see that if we are compelled to administer mercury to counteract a morbid process, or remove a morbid material from the system, we must assist its operation by a tonic, like quinia, or the vegetable bitters, or a chalybeate, as iron. If we have, in addition to this anaemia, an irritable state of the digestive organs, we may need a mild saline, as chlorate of potassa, or a sedative, as hyoscyamus, conium, or opium. I do not intend to give you prescriptions to follow; I have not been guilty of this folly; I wish merely to give you broad principles by which you may be enabled, whenever necessary, to furnish the exact prescription needed to each particular case. I am sorry to say that the public condemn most severely a physician for administering this remedy, and yet reward empirics with large fortunes for giving them the same. The well known Swain's Panacea, and many other quack nostrums that I could name—if I should not be giving them an additional advertisement by so doing—owe all their medical activity to the corrosive chloride of mercury contained in them; and yet the populace took these remedies for years, and many received great benefit from them, not only in syphilitic diseases, but in scrofula, and other deranged conditions of the system.

You will find this remedy of great service in some of the chronic enlargements of the mesenteric glands, and also in some of the forms of chronic rheumatism, enlargements of the liver, and dropsical effusions.

Corrosive chloride differs from several of the other preparations of mercury, owing to its greater solubility; on this account it is more powerful, requiring a smaller dose, and is more irritant if taken in an over dose. Being more soluble it is more readily removed by the secretions, especially by the urine, and is therefore less apt to produce salivation. On this account it is not so applicable in iritis, and diseases of a highly inflammatory character, but is more adapted to chronic than acute diseases. This, like other preparations of mercury, excites the functions of the liver, and largely increases the pancreatic secretion; and it is probably owing to these actions that, in many instances, it improves the digestion.

Administration.—When given internally, it should be used in solution, as it is less likely to irritate the stomach and throat than if given in substance or pill. The dose is from one-sixteenth to one-eighth of a grain, two or three times a day, and may be given in combination with hydrochlorate of ammonia, as in the *Liquor Hydriargyri Bichloridi*, or in solution in water. It is frequently given in combination with the compound tincture of cinchona, and this, as a general rule, forms one of its best adjuvants. It is also administered, by some persons, with syrup and infusion of sarsaparilla, and I generally use it in combination with cold infusion of colombo, or gentian; with these latter it seldom irritates the stomach, and is tolerated for a longer time. In larger doses, or by too long continued use of these small doses, it gives rise to an irritable and uneasy condition of the stomach and bowels, with griping pains, nausea, painful purging, and disordered digestion. Some few years ago I saw a well marked case of this chronic poisoning:—A young gentleman had been given, by a Hahnemannian practitioner, a quantity of this corrosive chloride of mercury, which he had taken every four hours, for eleven days. When I saw him, moderate salivation had commenced; he was much weakened, and his digestion much disordered; he had griping pains in the abdomen, a painful and scanty diarrhea, accompanied by a burning heat in the rectum; a dry and troublesome cough; nausea, giddiness, gastro-enteric irritation, and a small secretion of urine, which occasioned great pain in passing. With opium and other remedies he was soon relieved of urgent symptoms. By testing the medicine that was left, I found that he had taken about one-sixth of a grain every

four hours, for eleven days. When treating on Calomel, I referred to the antidotal effects of chlorate of potash and iodide of potassium in controlling, and to a great extent preventing salivation; and that mercurials may be administered for a length of time without very visible signs of salivation; if chlorate of potash is also used in proper doses, three or four times a day. We then discussed the modus operandi of these medicines when administered simultaneously.

made at the bed-side, and by giving a fair trial to the practice recommended.

Labors with malpositions of the foetal head, which terminate in face presentations, although of rare occurrence, have received more or less attention from all systematic writers on midwifery. But a careful perusal of the works of these authors will disclose a great discrepancy of opinion in relation to the causes of the abnormal positions, and the mechanism and treatment of such labors. The older writers differed in opinion as to the manner in which presentations of the face originate, but recommended the best methods then known for correcting the malpositions, and hastening delivery; while modern accoucheurs, without agreeing as to the causes and mechanism of these labors, object to interference, and repudiate all attempts to change a face to a vertex presentation.

Having had some experience in labors with presentations of the face, I have thought it desirable to direct the attention of the profession to the subject by giving the results of careful investigations, and a few observations made at the bedside. But before stating what I consider the cause and the true mechanism of such labors, upon which their proper treatment depends, I will give briefly the views of some acknowledged authorities on the subject; confining myself, for the present, to that description of face presentation which terminates with the chin under the arch of the pubes.

Doctors F. Churchill, Simpson, and Tyler Smith consider malpositions of the foetal head, those with face presentations particularly, to be caused by premature labor, by the death of the fetus in utero, by the application of unusual excito-motor stimuli to the fetus and uterus, and by causes mechanically displacing the whole fetus, or the presenting part, at the beginning of labor. The mechanical causes only demand our attention; because we can have nothing to do with the two first causes mentioned, and Dr. Duncan has shown that the action of excito-motor stimuli upon the fetus is exceedingly obscure and doubtful.

All modern writers on midwifery have represented, by descriptions and wood-cuts, the uterine tumor, at the beginning of such labors, nearly vertical, with the chin fully extended, and the occiput flexed upon the cervical vertebrae. But it is difficult to conceive how any mechanical action can throw back the foetal head into that position, while the child is floating in the liquor-amnii, and retain it there until the uterine contractions force the face directly into the superior strait. Yet Cazeaux, who admits that uterine obliquity may cause a face presentation, contends that—"The face does present itself at the superior strait, at the beginning of such labors." And he quotes Mad. Lachapelle, who states that she made autopsies of the bodies of two women, at the end of pregnancy, and found the infants presenting by the face. But I may here remark, that neither he nor Mad. Lachapelle gives any account of the positions of the bodies of the infants in those cases. Cazeaux also states that, among the eighty-five presentations of the face, given by the authors of the French Dictionary of Medicine, only three had any decided obliquity. From these facts, and, as he says, from many others, he concludes that a great majority of face presentations are not caused by any inclination of the uterus, but that they are primitive in their origin; and that their causes have escaped our notice. This was the opinion of Dubois also, who carried his theory of the primitive origin of face presentations to a fanciful extent. Chailly states that obliquity of the uterus is regarded by most accoucheurs as the principal cause of such presentations. Yet in his work on midwifery there are wood-cuts, similar to Cazeaux's, representing the foetal face turned downwards at the superior strait, with the chin fully extended, while the body of the fetus is vertical. Denman and Tyler Smith, without giving any cause for such malpositions, have copied the wood-cuts of previous writers. Dr. F. H. Ramsbotham says, "According to the majority of writers, uterine obliquity is the cause of the secondary face presentations, after a brow presentation;" but his illustrations show the fetus in the position represented in the

Original Communications.

THE MECHANISM AND TREATMENT OF LABORS WITH FACE PRESENTATIONS, BEING IN PART A PAPER READ BEFORE THE NEW YORK ACADEMY OF MEDICINE.

BY JOSEPH MARTIN, M.D.

OF NEW YORK.

I WISH to place the result of my observations and experience in relation to this description of labor more fully before the profession. For if it be the duty of obstetric practitioners to adopt those methods of managing labors which will preserve the lives of the greatest number of parturient women and their infants, the subject deserves serious consideration, particularly as the object of the paper is to show that those children, who, in face presentations, will inevitably be lost, if the labors be left to nature, may be saved by a very simple operation. It is not denied that the accumulated evidence of the most learned and experienced accoucheurs, from the time of Portal to the present day, shows that a labor, with the face presenting, can be brought to a close by the unaided efforts of nature; nor that the statements made by these writers also show that labors of that description, which have occurred in large numbers in the hospitals over which they had supervision, have terminated with but a limited mortality to infants. Still it must be admitted that from fifteen to eighteen per cent. of the children, in such cases, are still-born. For Mad. Lachapelle, whose opinion has had so much weight in excluding from the practice of midwifery what is called "rash interference in face presentations," stated, that out of the seventy-two cases that occurred under her superintendence at the Maternité Hospital in Paris, only forty-two were saved. And non-interference has also been recommended by other writers on midwifery who have experienced similar results. The inference is, that the opinion has prevailed, and is still entertained, that no mode of practice has been or can be devised by which a greater number of infants may be saved in such labors, than when they are left to nature. And, as version and the use of the forceps are out of the question, the only point to be decided is, whether or not a face can be converted into a vertex presentation; which can be determined in no other way than by ascertaining the true mechanism of such labors.

In giving the opinion advanced in the essay in relation to this, the most important part of the subject, I am well aware of the immense weight of authority against me. But the fundamental laws which control the mechanism of labors with cranial presentations, in all their modifications, as well as in the physiological process, are as immutable and as unerring in their results as the law of attraction. And, while it is true that no accoucheur can adapt these laws to his theories, it is equally true that no amount of learned opinions and elaborate descriptions, not based upon the principles of mechanics, can define the true mechanism of a labor. And all the writer asks is a careful investigation of the subject, in the only legitimate way in which such disputed points can be decided, that is by observations

text-books generally. A glance at the different views of these writers will show that the causes of face presentations are not yet definitely determined upon by the profession.

With regard to the mechanism of labors, with face presentations, it is plain that from the time of Baudelocque, nearly one hundred years ago, an opinion has prevailed that, in such cases, the fetal head enters the superior strait by the mento-frontal diameter, with the chin fully extended from the beginning to the end of the labor. As to the position of the head in such labors, at the beginning, Cazeaux, Dubois, Mad. Lachapelle, and Naëgèle agree that there are but two—that is, that the chin is either at the right or left extremity of the transverse pelvic diameter. Baudelocque gives four positions with the mento-frontal diameter in relation with one of the oblique diameters of the pelvis; and this opinion is adopted by modern writers on midwifery.

I will now give briefly Cazeaux's description of a labor with a face presentation, because it is easily understood, and embodies the views of most writers of the present day. He divides the labor into five periods, that is—forcible extension—descent—rotation—flexion—and exterior rotation. In describing the first period, he supposes the head to be moderately extended, and that the extension is completed by the first uterine efforts, after the discharge of the waters. This preparatory step, he says, brings the diameter of the head in relation with those of the pelvis, the fronto-mental with the transverse. During the second stage, that of descent, the head, completely extended, engages in the cavity of the uterus, and descends as far as the length of the neck will permit. The third stage, that of rotation, then commences; that is, the chin turns towards the pubic arch, and the occiput sinks into the cavity of the sacrum. During flexion, his fourth stage, the head is acted upon as a lever of the third kind, and the occiput, as it is forced over the perineum, describes the arc of a circle around the pre-tracheian part of the neck as a centre. The external rotation is similar to that of the head in vertex presentations, except that the still extended chin, instead of the occiput, merges from under the arch of the pubes.

With regard to the treatment of labors with face presentations, recommended by the authorities of the present day, non-interference is the rule of practice; and the only exception is when the head is large, and the pelvis small, when the forceps is to be used. We will, however, glance at the methods of managing such labors adopted by the older practitioners of midwifery, and give the views of some modern writers.

Wandell, in 1674, mentions his having turned the head in labors with presentations of the face. And Blundell, in 1751, speaks of rectifying malpositions of the foetal head by external and internal manipulations. But version seems to have been one of the first means generally employed by the obstetricians to meet these difficulties. Mesnard, in 1753, was among the first to recommend this mode of treatment. But it was seldom resorted to after the vectis came into use; and has been abandoned since Tyler Smith showed that the chances of death to the child are double what they are when the labors are left to nature.

The vectis, soon after it was made known, was very much used to bring down the occiput in face presentations; not only while the head was at the superior strait, but after it had entered the pelvic cavity. But the tide of professional opinion set against its employment, in such cases, when Mad. Lachapelle pronounced labors with face presentations natural labors. She adopted the views of Portal, who, upwards of one hundred years before, announced the fact that such labors are susceptible of spontaneous termination; and advanced the opinion that they are favorable to mother and child. Naëgèle and Moreau agree with her; but Chailly repudiates the idea, because, as he says, such labors frequently compromise the life of the infant. Daventier, Rodefier, and others, also rejected the views of Mad. Lachapelle. Gardien, Maygner, and others, assented to the

doctrine, but adopted means to prevent and correct the malpositions. Denman condemned interference, but used the forceps when the head was large and the pelvis small. Dewees favors the methods for correction recommended by Baudelocque; but his advice in general is, to leave such labors to nature. Cazeaux adopts the generally received opinion, that there ought to be no interference, and denies the correctness of the assertion made by Guillamot, that—"A labor with a face presentation can be converted into one with a vertex presentation," because, he says, the long diameters would interfere.

Dr. F. A. Ramsbotham advises, if the labor be advanced, to turn the face into the hollow of the sacrum, by means of the hand. This mode of practice, in such cases, has been resorted to by British practitioners to a greater or less extent; the occiput being brought down by the fingers as a part of the operation. Smellie, in his second volume, London edition, 1754, records several labors of this description, in most of which he used his forceps. But, at page 280, he describes a case in which he introduced his hand, and changed a face to a vertex presentation by grasping the vertex with his fingers and thumb, and bringing it down.

But Baudelocque carried the practice of making these corrections to a greater extent than any known writer. He drew down the occiput with his hand, or one blade of the forceps, in such labors, whenever he could accomplish it; and says—"Experience authorizes me to say that it can be done without much trouble when the head is movable, at the entrance of the pelvis, or capable of being moved back to it." And on pages 525 and 526, Dewees's edition, he gives minute directions for the performance of the operation. He tells us, in operating with the hand, to introduce it posteriorly on the left or right, according to the position, until we can bend the fingers over the occiput to bring it down. In using one blade of the forceps he directs us to pass it up in the same manner until its extremity embraces the concavity of the occiput. These methods of managing such labors were adopted for a while by a few accoucheurs. But Naëgèle condemned the treatment; and from that period the practice of non-interference, which now prevails, may be dated.

The objections to Baudelocque's practice in labors with face presentations, as given by Tyler Smith, are four. The first is, that "the chin, in such cases, is at first turned backwards, and afterwards turned forward under the arch." But I will presently show that this makes not the slightest difference, provided the treatment for correction be resorted to before the chin passes under the pubes. In the second place, it is contended that "great pain is caused to the mother, and there is danger of exciting inflammation in the maternal parts, by the introduction of the whole hand into the uterus at the beginning of labor." But Baudelocque does not recommend an introduction of the hand at the beginning of such labors, and before the os is well open; and a reference to his method of managing cases that require the use of the whole hand will show that no such results can attend the operation, when performed at the time, and in the manner he recommends. As to the third objection, that is, that "there is danger of a descent of the funis during the operation;" a glance at the text will show that such a difficulty cannot occur if his directions be followed. Tyler Smith, in reference to the fourth and last objection to bringing down the vertex in face presentations, remarks—"If the least analogy existed between a labor when the vertex presents spontaneously, and one in which it has been dragged down, it would be proper to resort to Baudelocque's method." But in what particulars the artificial presentation differs from the natural he has not thought proper to inform us. Besides, this objection to Baudelocque's practice loses all its force when we are reminded that Tyler Smith, in his lectures on the management of natural labors, advises the drawing down of the occiput with the hand or vectis whenever the fontanelles are found to be on the same level.

(To be continued.)

LEAVES OF THE RICINUS COMMUNIS, AS A GALACTOGOGUE.

BY WILLIAM GILFILLAN, M.D.

SURGEON TO THE LONG ISLAND COLLEGE HOSPITAL, BROOKLYN, N.Y.

The want of a reliable galactagogue has been felt, I presume, by every one in the profession, at one time or another.

In belladonna we possess almost a certain remedy to check the lacteal secretion when such a course is indicated. But when the secretion is deficient, or entirely absent, and the patient is anxious to nurse her own infant, have we a remedy that will increase the secretion, or compel the mammary glands to perform their function when they would otherwise remain inactive?

The ordinary remedies, such as stimulating frictions, hot fomentations, application of the child, or the pump, to the breast, etc., frequently succeed. Yet there are cases which are quite uninfluenced by these means. For such cases I would recommend the leaves of the castor-oil plant. My experience of this remedy is limited to one case; but the effect was marked and unmistakable. I have delayed publishing it, hoping I would meet a similar one, and thus offer stronger evidence of its power; but I now think it better to record my limited experience, that others may be induced to try it.

In July, 1860, I attended Mrs. H—, a primipara, at full term. The labor was easy and natural, and the child vigorous and active. The mother was tall, well formed, and not anæmic. The breasts were very small; not larger than those of a virgin, although the areola was dark. The child was applied to the breast the second day, and friction used. The breast-pump, frictions, and fomentations were assiduously employed for seven days, but there was no enlargement of the breasts, or hardening of their texture. A few drops of watery milk were observed on the eighth day; but afterwards even this disappeared, and on the twelfth day all efforts were abandoned, and the child was fed. It died a month afterwards of diarrhoea.

The lady again became pregnant, and she had great apprehensions that she would not be able to nurse this child also, and that it would die, or she must submit to the domestic tyranny of a *wet-nurse*. At full period of gestation, July 3d, 1861, she was delivered of a fine boy. The breasts were as small as a virgin's, and rather flaccid. As in her previous confinement, frictions, fomentations, etc., were assiduously applied, but to no purpose. July 7.—The breasts remained *in statu quo*, no febrile excitement. *It was now evident the breasts would not secrete milk as a natural function, nor by the stimulus of any of the means heretofore employed.* I recalled to mind a letter in the "MEDICAL TIMES" for April, 1861, from Mr. Cushman, Druggist, 941 Broadway, inviting the profession to test the efficacy of the leaves of the Ricinus Communis as a galactogogue, and placing his preparations of it at their disposal. I determined to try it, as on this occasion, and the previous accouchement in 1860, I had exhausted all the means I knew without success. Through the kindness of Mr. Cushman I received a supply of the fluid extract (alcoholic) of the leaves, and also some of the dried leaves. I pulverized the leaves coarsely, and poured boiling water on them so as to make a poultice, which was applied to each breast. As the dose of the extract was uncertain, I ordered a teaspoonful three times a day, and gave a good dose at once.

July 8.—When I called Mrs. H— was quite delighted, as she had a moderate flow of milk. About two hours after the poultice was applied and the first dose taken, she experienced a strange sensation in the breasts, and this increased after each dose of the medicine. Although the milk came pretty freely, the breasts were still small. The poultice was not renewed, as I had used the supply of leaves; but the extract was taken in the same dose for two days more. The second day of taking the extract, the secretion became quite abundant; the breasts began to enlarge, and continued to do so for two weeks. The child has thriven remarkably well, without any other nourish-

ment. The extract had no *purgative* or other appreciable effect that I could observe. There was no acceleration of the pulse.

This case may not be as convincing to others as it was to me; but I think the evidence is such, that they should give it a trial in a suitable case, more especially as it is innocuous. The proofs of the efficacy of the leaves of Ricinus Communis as a galactogogue in this case are three in number:

1st. In two accouchements of a healthy, vigorous woman, the breasts did not secrete. In the first, frictions and fomentations, etc., etc., were faithfully used for ten days, but no secretion took place. In the second, these means were used till the end of the fourth, or rather, the beginning of the fifth day, without the least sign of improvement. Another remedy, untried in the former instance, was now given, and next day the secretion commenced. This is "*post hoc*"; perhaps a larger experience is required to enable one to affirm, that it is "*propter hoc*." 2d. Up to the time this remedy was given, the mammary glands were small and ill developed; but after its use they gradually increased. 3d. The secretion of milk was unattended by acceleration of the pulse, or febrile symptoms, which are generally present when milk is first secreted after delivery.

The Negroes of the West Indies place great faith in the castor-oil leaves as a galactogogue, and frequently use them for this purpose, applying the fresh leaves, bruised.

A NEW EXTENSION SPLINT

FOR THE TREATMENT OF MORBUS COXARIUS.

BY JOSEPH H. VEDDER, M.D.,

FLUSHING, LONG ISLAND.

The appliances of surgery are so numerous that one must needs hesitate in presenting a new instrument to the notice of the profession. That figured in the adjoining cut (Fig. 1) commends itself for simplicity, lightness, and moderate cost. It consists of a strip of *black walnut*, maple, or cherry wood, one and a half inches in width and three-eighths of an inch in thickness, extending from the crest of the ilium to the malleolus externus, perforated at the upper extremity for the passage of a cord attached to the perineal band. At a point midway between the knee and the ankle, on the external surface of the splint, is placed a brass pulley, one inch in diameter, and one-fourth of an inch in thickness, revolving on a pivot with a square head, to which is adapted an ordinary clock key. This pulley is secured to the splint by means of a box of the same material; its outer edge is smooth, while its inner edge is ratcheted. A catch and spring, as seen in the engraving, are placed contiguously to fix the pulley at any desired point. By means of a perforation through the outer surface of the pulley, one end of a catgut cord—D, violin—is attached, while the outer end plays over the groove and through the splint, over a small roller, placed near its lower extremity. Retentive straps are secured to the splint by means of wire loops placed along its edges, at points indicated in the engraving. In certain cases, it will be found necessary to curve, or bend by means of steam, the femoral portion of the wood to the outline of the limb, to prevent pressure when extension is made.



FIG. 1.

Note.—The substance of this paper was presented, by request, at a meeting of the Surgical Section of the New York Academy of Medicine held Nov. 22d, at the house of Prof. James R. Wood.

Before applying the apparatus, a wide strip of adhesive plaster, extending from the trochanter to a point one-third the distance below the knee, and secured by cross strips, is placed on the outer aspect of the limb; a loop of tape is secured to the lower end of the plaster, and a bandage is rolled around the whole leg. The perineal strap is now adjusted, and secured by a cord to the upper extremity of the splint (Fig. 2), the lower catgut string is tied to the loop referred to and the whole splint is held in position by the retentive straps. Extension to any degree is now effected by means of the pulley.

At the point of contact with the spring, the catch has a recess or notch in order that it may be held from the ratchet when extension is relaxed. The retentive bands may be conveniently made from the tape ordinarily used for boot straps, and a strip of leather may be placed between the buckle and tape to prevent abrasion.

The knee-cap should be made from firm linen covered with chamois, buckskin, or other soft material. When canton flannel adhesive plaster cannot be procured, it will be necessary, for greater security, to double the ordinary plaster. In the hospitals of New York, the perineal band is usually made by passing a strong tape of the required length, provided with eyelets at the ends, through a shorter piece of india rubber tubing about three-fourths of an inch in diameter. If, before the ends of the rubber are secured, a slight excess of the tape is inclosed in the tube, limited extension of the perineal band may be gained. Upon removal of the apparatus at night, extension of the limb is maintained by means of a weight at the end of cord traversing a pulley, fixed at the foot of the bed and attached to the loop at the extremity of the adhesive plaster.

It will be observed by those familiar with the recent literature of morbus coxarius, that the apparatus thus minutely described, is original only in the simplicity of its mechanical contrivance (Fig. 3). The profession, with marked unanimity, have pronounced in favor of the walking extension mode of treatment. Although the apparatus in general use accomplishes the proposed end, it was deemed desirable to construct a simple yet effective appliance, in order that this advanced system of cure might



FIG. 2.

be extended to that class of patients among whom the disease so frequently occurs; a class who have been hardly

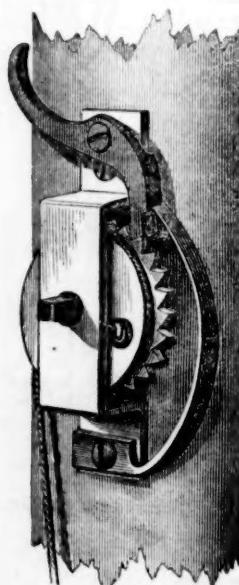


FIG. 3.

able to purchase the apparatus, much less to remunerate the physician. To practitioners residing remotely from the great cities, no inconsiderable point in favor of the splint is, that it may be made by a gunsmith, locksmith, clock-maker, or any mechanic familiar with the use of tools.*

Reports of Hospitals.

NEW YORK EYE INFIRMARY.

DR. NOYES, ASSISTANT SURGEON.

SUPPLEMENTARY OPERATION FOR ENTROPIUM.

A. B., et. 24, native of Ireland; in the month of March, 1861, had the border of the upper and of the lower eyelids, including the cilia, removed for entropium of long standing. The rubbing of the lashes had caused deep opacity and vascularity of the cornea. The removal of them alleviated the condition of the eye, but did not remove all the irritation. In October last I saw her again, and although no cilia remained, I found the cornea still opaque, and the eye giving her a good deal of pain. I noticed that the fibro-cartilage of the upper lid was much deformed by chronic inflammation—that it was unusually convex, shortened, and its border incurvated to a slight degree, so as to cause the edge to rub upon the cornea in every act of winking. I noticed as the further consequence of the distortion of the cartilage, that the length of the palpebral opening was shortened.

I concluded that the irritation of the eye was kept up by the unnatural pressure of the tarsal border upon the cornea. I therefore did the following operation:

Having etherized the patient, I extended the fissure of the eyelids by an incision from the external commissure half an inch long, passing directly outwards, cutting through both skin and conjunctiva. After the bleeding ceased, I stitched the cut edge of the conjunctiva to the cut edge of the skin by one suture above and another below. The cut edges of the conjunctiva were not more than a quarter of an inch long, and the rest of the wound of the skin I united by another suture. By this proceeding, I lengthened the palpebral fissure and hoped to keep it so permanently by having united the conjunctiva to the skin as far as the former would allow. In this I succeeded, the edges united partly by granulations, and the opening of the eyelids was enlarged about two lines. This sufficed to relax the pressure of the border of the upper lid upon the cornea, and the irritation of the eye subsided. Now, there is very little vascularity of the cornea, and its opacity is diminishing.

This operation has been done several times at the Infirmary, and the plan of it as I have described, is to be found in Arlt's Treatise on Diseases of the Eye—"Krankheiten des Auges, Prague, 1858."

EXTRACTION OF CATARACT.

I report the following case on account of an unusual accident during the operation, and as showing the value of continued closure of the eye with plaster after extraction:

Prince Davis, et. 62, colored. In good health, except a mild bronchitis causing him to cough and expectorate moderately. In the right eye cataract was complete, in the left eye not so far advanced. Perception of light in the right eye perfectly good. The arcus senilis surrounds all of both cornea. The eyeballs stand out very prominently, projecting beyond the supra-orbital ridge. Has never had muscae volitantes. The surface of the ripe cataract has a glistening, satiny look, no striae to be seen. Pupils contract promptly when exposed to light.

Operation.—Patient undressed, and in the bed where he was to remain. The eyelids kept open by Dr. Bumstead, who lifted up the upper lid by a fold of the skin so as to

* The splint may be obtained of Mr. A. L. Bevans at Flushing, or of the surgical instrument makers in New York.

raise it off of the eyeball. I took this precaution because there was great spasm of the lids, and the orbicular muscle was unusually vigorous. The section was made through the upper part of the cornea by a small Beers knife, the eyeball being fixed with forceps until the point of the knife pierced the opposite side of the cornea; the forceps were then let go. The section was completed slowly, the eyeball being well under command, notwithstanding the spasm of the ocular muscles. The section was perfectly semi-circular and regular, but the instant the knife was free, the cataract jumped out of the eye and fell upon the pillow; a small quantity of vitreous humor escaped at the same moment. The spasm of the eye being uncontrollable, I was only able to partially expose the cornea, and could see that the pupil was filled with fluid or soft lens matter, and consequently of a grayish hue. The eyelids of both eyes were then sealed together by strips of Husband's isinglass plaster, laying an unusual number of strips upon the operated eye. The plaster, thus arranged, made uniform pressure upon the eye, besides keeping the lids immovable.

I explain the sudden escape of the cataract in this way. The pupil had been dilated with atropine, and did not contract when the knife entered the eye. The cataract was found to be very small; in fact, it was only the nucleus which jumped out. The surface of the lens had become liquified, constituting the so-called Morgagnian cataract. Under the spasm of the ocular muscles, for there was no pressure of fingers on the globe, the nucleus was easily forced through the wide pupil, because only the capsule could offer any resistance. The iris usually so supports the lens that rupture of the capsule does not spontaneously occur; but in this case, the nucleus only being hard and the pupil large, the body to escape, and the aperture through which it must pass, being of nearly equal size, the muscular spasm easily forced out the nucleus when the corneal wound was complete.

For four days the eye was left closed—there was slight pain in the forehead. On the fourth day, the lids were opened, the wound found united. The aqueous chamber seemed unusually distended, and the cicatrix of the wound a little inclined to bulge out. I feared prolapse of the iris, and therefore punctured the cornea, letting out the aqueous humor. Ordered unguentum hydrargyri to be rubbed into the forehead three times daily. Seventeen days after the operation, the eye could bear a moderate degree of light, the vascularity had nearly disappeared. The pupil is drawn upwards by the iris being engaged in the wound, but no prolapse of iris took place. The upper part of the pupil is clear, the lower part is obstructed by capsule and soft lens matter. Patient recognises faces and counts fingers.

The twenty-four hours following the operation, the patient spent in bed; after that, he was allowed to sit up and move about the darkened room. He took an anodyne expectorant to quiet his cough—this ceased to be troublesome after a few days. Having been used to drink spirits moderately, he was allowed an ounce of whiskey every night at bed-time. I attribute the successful issue of the case, despite the loss of vitreous humor, the shock to the eye by the sudden escape of the lens, the leaving behind of the fluid portions of the lens, and the unavoidable engagement of the iris in the wound, to the great precautions of the after treatment. The mode of closing the lids secured a good adjustment of the flap and apposition of the edges of the wound. This was the first condition necessary to prompt healing and to preventing prolapsus iridis. Again, the patient, after being kept on his back for twenty-four hours, was not wearied and made restless by longer confinement in this irksome posture. I apprehend that healing of the wound takes place in less than twenty-four hours, but it is not yet strong enough to sustain the pressure of the contents of the eye. The support of the plaster for three days longer gives it time to acquire strength. Still further, the patient had a good constitution, and was assisted in the process of repair by nourishing food and moderate stimulus.

The treatment of patients after extraction has undergone important modifications within a few years. The vigorous antiphlogistics have been dropped; the danger is not excess of inflammatory action, but want of nutritive power for healing a large wound in a tissue of naturally low vitality. Most frequently, persons blind from cataract are feeble, not only from age, but from the inactivity to which their blindness has condemned them. It follows, therefore, that to heal a wound of the cornea, they demand all the aid of good food, tonics, and moderate stimulus. Again, I think it prejudicial to insist upon long confinement in bed, because, for any healthy person to be thus placed is a serious infliction. The supine posture immediately, and for twenty-four hours after the operation, favors quietness of the patient and good adaptation of the wound. I think little can be gained by the supine posture after forty-eight hours, unless the patient be very restless and unmanageable when allowed to go about.

Surgeons in England and on the continent, complain of the frequency of prolapsus iridis. In the Eye Infirmary and in the private practice of our surgeons it seldom happens. Most foreign surgeons put a compress and bandage upon the eye; most of them examine the eye twenty-four hours after the operation. I do not wonder that the soft tissue, uniting the wound, yields when it is exposed to the pressure of the contents of the globe, and that the iris prolapses. A celebrated Dutch surgeon who, I am informed, recommends examination of the eye six hours after the extraction, also recommends, if the iris be prolapsing, to cut it off at once, and to do so as often as it continues to present itself. I wonder that his cases ever escape this accident.

The steady pressure of the plasters keeping the lid against the cornea, is the best security for good union of the wound and against prolapse of the iris. "Husband's isinglass plaster," made in Philadelphia, if neatly applied, will usually adhere without wrinkling for two or three days; then the ends get loose or curl up. Fresh plaster can be laid on over the old strips, or the old ones being soaked by warm water and carefully taken off, can be replaced by new ones without ungluing the lids. If there be much secretion flowing from the eye, it is necessary to renew the plasters sooner. In ordinary cases, three strips, three-eighths of an inch wide, hold the lids sufficiently; two laid on in an X shape, and a third put on horizontally just over the border of the lids. To judge of the progress of the case, it is sufficient to examine the eyelids; the degree and character of the swelling, and the frontal pain, if there be any, are indices to the state of the eye. Moderate swelling and no supra-orbital pain, show that all is well; while if the flap be sloughing, it is known by the great edema of the lid and the dusky color of the skin; if with moderate edema there be moderate frontal pain, an anodyne is safer than leeches; while if the pain increase and become throbbing and very severe, two or three leeches may be needed, but this is a very rare necessity. In short, the treatment of incised wounds in other parts of the body is proper also to the cornea, namely, accurate co-apartition, rest, and good nutritive power to be reinforced in the case of the cornea by all possible aids, on account of the naturally low vitality of its texture.

NEW CURE OF CATARACT.—Professor Sperino has discovered a new way to cure cataract: viz. by gradual evacuation of the aqueous humor. In consequence of this, he says, the lens gradually recovers its translucency. When the cure is not perfect, there is always amelioration. He is about to publish his cases in the *Giornale d'Ophthalmologia*.—*Brit. Med. Jour.*

MONUMENT TO SIR HUMPHREY DAVY.—A monument is about to be erected to the memory of Sir Humphrey Davy at Penzance. It will consist of a granite column and base, surmounted with a statue of the great chemist, holding a safety lamp in his hand.—*Lancet.*

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, October 23, 1861.

DR. A. C. POST, PRESIDENT, IN THE CHAIR.

CYSTIC HYGROMA.

DR. E. KRACKOWIZER presented a *cystic hygroma*, removed from a girl three years of age. The child, when born, had a tumor, the size of a large walnut, under the right armpit, which did not cause any inconvenience, but grew gradually, until when seen October 21st, it had acquired the size of a hen's egg. It was situated on the place mentioned, filling the interstice between the pectoralis major and latissimus dorsi, reaching upwards in the axilla. The skin covering it was normal. The tumor was soft, and gave to the feel very much the impression which we have in examining a soft lipoma, or a vascular, deep-seated growth. Its surface was slightly nodular. Pressure did not diminish its size. By fixing and compressing it from all sides, it became tense, elastic, and at some points fluctuating. The diagnosis "hygroma cysticum congenitum" was made, and the tumor was removed by operation Oct. 22d. The knife was used at first, but its deeper adhesions reaching underneath the scapula and near the large vessels of the axilla, were severed partly by the finger, partly by the handle of the scalpel. Just before this was accomplished, a gush of seemingly venous blood inundated the field of operation, but its flow stopped at once. It proceeded from the bursting of the largest cyst, filled with a blood-colored liquid.

The wound was closed with five points of the twisted suture. The reaction following was normal, and the wound was soon in a state of normal suppuration. The tumor was composed of a multitude of cysts, varying in size from that of a pea to that of a hazel-nut. One cyst, situated at its base, the one which burst during the operation, when refilled, could hold easily half an ounce of water. The walls of the cysts were thin, transparent, their contents partly cherry colored, partly amber colored liquid. The cysts were held together by short connective tissues, giving to the whole mass a grape-like appearance. The structure of the cyst walls, as revealed by the microscope, consisted mainly of elastic tissue, and its inside was lined with a layer of epithelial cells, of the size and look of those which we find usually lining the walls of the smaller glandular ducts; for example, of the sudoriferous glands.

This growth is of rather rare occurrence, mainly on the neck, the sacrum, and rarer still on the thorax. I am inclined to consider it of foetal origin. I think that the opinion of some pathologists, like Rokitansky, that they are formed by serum accumulating in the meshes of the areolar tissue, which, then becoming more compact, constitutes the cyst walls, is refuted by the interior of the cyst walls being lined with epithelium. I think they must be considered in their origin parallel with the dermoid cysts, which more recent investigations of Lebert, Heschel, etc., have made it very plausible, always originate during foetal life by invagination of part of the cutis as a whole under its level in the subjacent tissues.

OSTEO-SARCOMA OF SUPERIOR MAXILLA.

DR. KRACKOWIZER next presented the greater part of the right superior maxilla, removed for recurring osteo-sarcoma. I laid before the Society, said he, at its last meeting in June, the alveolar process from the first bicuspid backwards, of a young man sixteen years of age, which I removed for osteo-sarcoma June 17th. The growth then had commenced in the alveolus of the first molar tooth, which becoming painful and loose, undoubtedly by the formation of the tumor, had been drawn some months ago. The other teeth of the affected portion of the alveolar process were loosely held in the morbid mass. I stated then, that the growth had somewhat encroached on the cavity of

the antrum Highmori, not by perforating it, but by pushing its mucous lining before it, its osseous walls at that point having been lost in the new formation. I present here the specimen again for comparison with the one I present this evening. Although, at the first operation, all parts left behind seemed healthy, yet I stated my misgivings that the tumor would recur. The wound healed very quickly. Where the antrum Highmori had been opened, a hole remained, giving to the voice a somewhat hollow sound. For a few weeks after the operation, I did not see any anything more of the patient. He returned October 8th, stating that about six weeks after everything had healed, a small tumor made its appearance at or near the artificial opening of the antrum Highmori, which he did not mind, until, growing larger, it prevented mastication, by coming in contact with the molar teeth of the lower jaw. He had not felt any pain whatever, and was as well as usual. When the patient opened his mouth, a tumor was seen covered with normal mucous membrane, occupying the right superior maxilla, reaching nearly to the middle of the hard palate, posteriorly and laterally, occupying the whole extent of the bone. The anterior wall of the antrum was not protruded through, nor was the orbit encroached upon. A small piece was taken from the tumor for microscopic examination, and it was found that it had retained all its characteristics. Its base was constituted of amorphous connective tissue, with a great number of irregularly interspersed free nuclei, and very few very transparent oval cells, with one large, somewhat smoky, nucleus.

The operation was performed October 17th. During the intervening time, when I saw the patient again, and the day of the operation—nine days—the tumor had enlarged not inconsiderably towards the cavity of the mouth, presenting by superficial ulceration an ashy surface, and emitting a very bad smell. An incision was carried from the angle of the mouth through the cheek, upward's and outwards to the malar bone, the flaps dissected from their natural adhesions, and turned to both sides. My original plan was to save, if possible, the floor of the orbit. A hole was therefore drilled in the line of the axis of the second incisor tooth, about three lines below the orbital margin, through which a narrow-bladed saw with a very strong back (Langenbeck's) was introduced, and a cut was carried outwards, parallel with the said margin and through the malar bone in the fossa temporalis. But it was soon clear that the growth filled the whole of the antrum, and came in very suspicious proximity and contact with its mucous lining on all points. The total removal of the maxilla was now resolved upon. A second incision was carried through the soft parts, commencing near the inner angle of the eyelids, closely hugging the ala nasi, and terminating a little outside of the palpebrum labii superioris. The flaps comprised between the two cuts were dissected and turned upwards over the eye. The connexions of the maxilla were severed from the adjoining facial bones, and a part of them were destroyed to very nearly the usual extent by means of strong cutting pliers. The insertion of the right side of the soft palate was next cut through. The tumor pressing closely on the ramus maxillæ inferioris, made it quite difficult to sever the last connexions of the mass with the processus pterygoideus, so that it could not be avoided to remove the anterior fibres of the external pterygoid muscle. A strong arterial haemorrhage followed the removal from the fossa spheno-maxillaris of the whole mass, seemingly from the arteria maxillaris interna, but it stood, after repeated attempts to apply a ligature to the vessel had failed, partly by pressure, partly by torsion of the artery, showing that either the arteria spheno-palatina or arteria infra-orbitalis was the source of the haemorrhage. The edges of the flaps were now brought in nice contact by many points of the twisted suture. No haemorrhage followed, and only a very moderate reaction, as usual in total resections of the jaw-bones. All the pins were removed on the fourth day. The union was perfect, the cicatrix on all points linear.

The specimen here presented does not show well, in a surgical point of view, from the attempt at the commencement of the operation to save the floor of the orbit. It will be seen that a soft mass has entirely obliterated the osseous structure of the body of the upper jaw-bone, as far as its lateral and posterior part is concerned. It fills the antrum Highmore completely, and has established adhesions with the mucous lining of its upper and inner wall on several points. Its microscopic characters assign it a place in the class of the soft sarcomatous growths, being closely allied to cancer. Because, while in its inferior parts it shows the structure already mentioned, specimens taken from the portion inclosed in the antrum are composed principally of cells, larger than those previously alluded to, with large, shining nuclei, the cells themselves in many instances renouncing their regularly oval shape, and becoming irregular, with one or more longer or shorter processes. That nothing diseased has been left, there is no doubt whatever; yet from the microscopic examination I do not augur a good result, and am fearful of a recurrence of the new formation.

Progress of Medical Science.

PREPARED BY E. H. JANES, M.D.

PLACENTA PRÆVIA.

THE method of managing this unfortunate complication of labor is ably discussed in the *Glasgow Medical Journal* for July, by Dr. CHARLES CLAY, of Manchester. As early as 1822, Kinder Wood, Esq., of the Manchester Lying-in Hospital, with whom Dr. C. commenced his own professional career, had observed cases in which the placenta attached to the os uteri chanced to spontaneously separate, immediate cessation of the hemorrhage followed, and the placenta and child were both expelled by the unaided efforts of nature, the patients generally doing well. From these cases he inferred that by simply detaching the placenta from the os uteri by the forefinger, a large majority of cases might be left to nature for completion with far less danger than usually attends version, which is always attended with a great amount of violence, to say nothing of the extensive hemorrhage that usually characterizes these cases. Two strong points upon which the argument is founded, are, that in all cases immediately after the detachment is effected, the hemorrhage certainly ceases; and that the detachment can be effected as soon as one finger can be admitted, and before any great prostration can have taken place, long before it would be possible to introduce the hand with a view of version. Dr. C. has practised the same method for nearly forty years, with almost entire success. The statistical records derived from a number of sources seem to lend great weight in favor of this practice. Where version and immediate delivery are effected in cases of placenta prævia, the fatality is to the mother one in three, and to the child one in two cases. From those who have written in defence of detachment, and then leaving the case to nature—Prof. Simpson, Dr. Radford, and Dr. Clay, find the fatality to be to the mother one in forty-four, and to the child one in five cases. In all cases of detachment, according to Prof. Simpson, the hemorrhage ceased immediately, in nineteen out of twenty cases. Dr. Clay has never known it to fail, and the only two that have not recovered, occurred at so great a distance, that loss of time and blood had produced a fatal prostration before the physician arrived to effect the detachment. The writer is inclined to believe the cases quite rare in which the placental adhesion to the os is over its entire circumference; and even where it has so adhered he has always found a weak point somewhere within the circle, from which the detachment should commence, and is effected without difficulty. The plan of boring through

the placental mass with the fingers pointed to a cone, he denounces as barbarously rude and unnecessary. He also condemns repeated examinations; one, being enough to ascertain the facts of the case, should be followed by prompt and energetic means to arrest the hemorrhage by detachment, and thus facilitate subsequent delivery by the efforts of nature. The grounds upon which he opposes the old plan of version and immediate delivery, are the heavy rate of mortality under the most favorable circumstances; the probability of means having been previously employed to check the hemorrhage, as rupturing the membranes or giving ergot, increasing both the difficulties and dangers of the operation; the violence done in attempting to turn, when the os is but slightly dilated, and the danger on the other hand of waiting until the os is sufficiently dilated, by which time the prostration will be often so great that even the necessary efforts of version will, in very many instances, hasten death. After a somewhat severe review of an article published in the *Journal* for February, in which Dr. L. Roberts, of Manchester, reports three cases in which version was performed, three children sacrificed, and two women made very slow recoveries, he thus concludes:—"I have never witnessed any bad consequences from detaching the placenta; there is infinitely less violence done, the danger is much reduced, future difficulties are of less importance, and the results far more favorable; and with the accumulated facts of forty years, from individuals of the highest standing in the profession, we may safely hope never so far to retrograde as to adopt the old barbarous system of boring through the placenta, turning, and delivering the child. But even if we should be so far led astray as to accept this old barbarism, let us at least escape the opprobrium of attempting such practices in the earlier stages of dilatation of the os uteri, and *knowingly* increasing all the dangers attendant on such cases. To conclude, we must not lose sight also of the many cases who, though they may not die from the immediate effects of version and delivery, nevertheless ultimately sink from the prostrating effects of hemorrhage, months after their confinement, notwithstanding which they were considered as cures, and may have been recorded as such."

PITTING IN SMALL-POX.

The application of the linimentum aquæ calcis for the purpose of preventing pitting in small-pox, is recommended (*ibid.*) by Dr. Joseph Bell of Glasgow. He has tried the various means used for this purpose, and found them each more or less objectionable, either in being only partially successful, or attended with more or less pain and irritation, and being otherwise, in a greater or less degree, repulsive both to the patients and attendants. The various measures hitherto adopted are—1. The puncture of the vesicle and application of the nitrate of silver, recommended by Serres, Bretonneau, and Velpeau. 2. The sulphur ointment, recommended by Midvane. 3. The mercurial ointment and plaster, recommended by Oliffe and others. 4. The tincture of iodine, by Dr. Crawford. 5. Collodion. 6. Glycerine. 7. Solution of nitrate of silver and collodion in glycerine, all of which have been attended with some degree of success, though each is attended with some inconvenience. The following are Dr. Bell's directions:—"The linimentum aquæ calcis should be poured on a plate; then masses of cotton wool, answering in size and shape to the parts to which the dressing is to be used, should be dipped in the liniment, and applied in such a manner as to completely cover the face and neck, leaving apertures for the eyes, nostrils, and mouth. The cotton should be closely matted together, so as to allow no crevice to exist, and a large handkerchief should be tied over all, having holes cut in it so as to correspond with the apertures over the eyes, nostrils, and mouth. The dressing should be allowed to remain until convalescence, and if it becomes accidentally detached at any part, it should be immediately renewed." The advantages claimed for this application, are the effectual prevention of pitting, the prevention of swelling of the

face, and mitigation of the febrile symptoms. The use of the cotton wool secures, 1st, the exclusion of air; 2d, the moderation of the local irritation; 3d, the keeping of the parts in a permanently moist state, so as to prevent the drying and hardening of the scabs. As the exclusion of air and light will completely prevent pitting in variola, the application here recommended seems well calculated not only to secure these conditions, but it also maintains a permanently moist state of the parts, removing local irritation; causes neither pain nor uneasiness to the patient, is attended with no risk, and appears preferable to other methods.

American Medical Times.

SATURDAY, JANUARY 11, 1862.

SANITARY LEGISLATION.

NEW YORK presents to the world the singular spectacle of a great city, aspiring to supremacy in population, wealth, and intelligence, yet regarding with indifference those blighting influences which delay her progress, and tend powerfully to thwart her ambition. The annual devastation of her people by loathsome diseases which she can easily prevent, the disgust which her filthy streets create in every visitor, and her fearful system of packing the laboring classes in unventilated tenement houses, give her no alarm. Heedless of her own happiness, of the good opinion of men, and of the fearful evils which afflict her population, she rushes madly towards the goal which she is destined to win only at the hazard of every interest of justice and humanity.

It seems incredible that an intelligent and Christian city could witness the annual decimation of its people by preventable diseases without putting forth every honorable exertion to apply the remedy. Yet such, in its municipal capacity, is the conduct of New York. In 1860, by careful computation, this city lost 10,496 of its inhabitants by diseases that either do not exist in the most salubrious districts, or exist only in a modified and not fatal form. The hearts of the people are wrung with anguish when a score or two of lives are sacrificed on an ill-conceived battle-field; the commanding officer is suspended from command; a military commission inquires into the minute details of his plans, and if it proves him incompetent he is dismissed from service. But New York, calmly indifferent, witnesses the annual slaughter of more of her citizens than occurs in a hundred destructive battles; no official is hurled with popular indignation from power; no searching inquiry is made for the causes of this costly sacrifice to official incompetency and neglect; but quietly the new year succeeds the old, and begins its chronicles of the same waste of human life. Scarlatina, small-pox, marasmus, and their congeners, are to-day consuming, like a devouring element, the homes of the laboring classes, without so much as an official inquiry as to the possibility of mitigating their ravages. In savage and inexorable blindness the autocrat of epidemic and pestilential diseases sits on his throne of human skulls at the City-Hall, and records with grim delight the weekly returns of his all-conquering agencies. It has been well said by one whose devotion to the sani-

tary condition of New York has rendered him practically familiar with the subject*:

"One of the most surprising phenomena in the political economy of this state and city, is the indifference of the people to their own death records. They either refuse to listen to, or, if they hear, they heed not, the facts concerning the dealings of death among themselves. There is no denial that the mortality of this city is much greater than that of many others of far inferior advantages for salubrity and longevity, and yet the trump of the archangel sounds in their ears in vain. Their well-cushioned officials drain them of their fat salaries, but do literally nothing in return to raise the standard of health, or check the march of pestilence. Their legislators listen year after year to the appeals in behalf of the thousands of dying infants, and when apparently moved to comply with the urgent cry for relief from the threatenings of disease and death, the demon of bribery drops a golden curtain between them and the pictures of desolate misery which have so moved them, and suddenly all assumes a rose color, and thenceforth, while their pockets are filled with sinful wealth, the cemeteries of the metropolis become populated in an increased ratio."

It is a well demonstrated fact that all the evils which now afflict the city poor are readily susceptible of removal or mitigation, and at far less expense than the city now incurs in sustaining the 138 cormorants who fatten at the City Inspector's stall. We heartily concur in the following statement of Dr. GRISCOM* :— "The history of Sanitary science, the practical results of the application of Sanitary measures in numerous places, and under every variety of circumstance, and the opinions of many of the soundest and most experienced practitioners of medicine and hygiene, the world over, all concur in proving that governments, in this particular, hold the lives of their subjects in their hands. It were easy to fatigue you with the recital of facts and authoritative opinions to this effect. The vast progress made in the cultivation of a knowledge of Sanitary law and its applications during the last two centuries, forms one of the most pleasing, as it is a most striking, proof of the advance of Christian civilization in modern times. We believe in the sacredness of human life, and that its unnecessary waste by neglect is but one degree lower in criminality than its wilful destruction. Every impulse of honor, of self-respect, and religious duty, should impel to the industrious use of the most enlightened public means for its preservation."

Although the body politic is blind to its own best interests, and deaf to all appeals to remedy the defects in its municipal government which bring these evils upon our city, yet New York has a band of citizens not only thoroughly alive to its sources of weakness and decay, but resolutely determined to destroy them. With untiring efforts they have endeavored to enlighten the public mind in Sanitary matters, and obtain such legislation as would relieve the city of preventable diseases. Though every measure of reform has thus far been defeated, still they have steadily gathered that strength and influence which always precede a triumph. The period has again returned when they are to renew their united efforts to obtain from the Legislature of the State the legal basis for Sanitary reform, and we rejoice that they enter upon their labors with undiminished energy and the spirit of true philanthropy.

"Though seven times defeated in their efforts to stay the progress of disease and death, their hearts fail not, nor is

* *Sanitary Legislation, Past and Future, etc., etc.* Parts of two Essays read before the New York Sanitary Association. By JOHN H. GRISCOM, M.D. New York. 1861.

their determination abated. Nor though seventy times seven should the enemies of this holy cause succeed, by bribery and corruption, in postponing the day for the inauguration of the most valuable of all the reforms known amongst men, will its votaries lay aside their armor, or cease to contend for the faith which animates them with the assurance of final success. Though, like the disciples of Him who went about healing all manner of disease, and unlike them who have thus far betrayed the people to their destruction, they carry neither purse nor scrip, the friends of Sanitary Reform in this city will never cease to show the public their true interests in this matter, and demand of their legislators the abolition of the official nuisances which are the only obstacles to the removal of those physical nuisances, under whose foul influences so many thousands find untimely graves."

THE WEEK.

An interesting question was sprung during a recent debate in the Academy of Medicine, Paris, on Excision of the Hip-Joint, relating to the hygienic condition of the English and French hospitals. Malgaigne stated that of 100 persons operated on, 56 die in Paris, and 30 in London. In amputations for pathological causes, as amputation of the thigh, there are 60 per cent. deaths in Paris, 21 in London, and 19 in Massachusetts. The correspondent of the *Lancet* says:—

"M. Malgaigne, in answering the defence put forward by the ex-chief of the Assistance Publique, after reminding his contradicitor of the occurrence of the *peut-être* in his original charge, had recourse to figures, and showed how that in the Paris hospitals, out of 512 amputations of the thigh, 289 had been followed by death, giving an average of 56 fatal results for 100 operations; how that out of 15 cases of trephining, 15 deaths had occurred; and out of 220 operations for strangulated hernia, 133 had proved fatal;—whereas in London the average in the first case was 21 per cent. in lieu of 56; and in the last, 50 per cent. instead of 60, as at Paris, etc.; and he therefore thought the fact indisputable that the mortality of this capital far exceeded that of London, and; as a practical conclusion, ventured to suggest that in future the number of beds in each ward should be far more limited than at present, and that hospitals should be henceforward better ventilated, so that the number of infectious foci, of which each bed represents one, should be reduced to a minimum."

THE death of PRINCE ALBERT by typhoid fever is the subject of the leading articles of the London medical journals of Dec. 21. From these articles it appears that the attack occurred at least a fortnight before the fatal termination; on the following day DR. JENNER was called in consultation with his regular medical attendant SIR JAMES CLARK, and subsequently DR. WATSON and SIR HENRY HOLLAND were added. The immediate cause of death was pulmonary oedema. The question is raised, "Where did the Prince contract typhoid fever?" The town of Windsor, in the immediate neighborhood of the Castle, had a severe visitation of typhoid fever in 1858, attributable to imperfect drainage. Dr. MURCHISON, who first traced typhoid fever to putrid emanations, especially from sewers, and who gave it the name of pythogenic, or dirt, fever, made this investigation with MR. SIMON, health officer of London. They reported the town in an extremely filthy condition, and readily found the causes of the prevailing fever. Since the death of the PRINCE, the sanitary condition of the Royal Palace has been carefully examined by a competent person,

who concludes that "unless some dire and unsuspected source of danger should lurk in the Royal apartments themselves—ample and well ventilated as they apparently are—the sewerage system of the Castle must be acquitted of all share in the mischief." The *British Medical Journal* pertinently adds:—

"If, however, as we may fairly conclude, the Castle itself contain no foci of pythogenic effluvia, still what a lesson is taught by this deplorable fact! The personal security of the wealthiest and the highest requires that the sanitary condition of the masses—of the community—must be cared for. It is not enough that we each, in our own narrow limits, should be contented with an obedience to the laws of hygiene. That fell matter which is generated beyond the personal domain of royalty can find its silent way, like the pestilence which walketh by night, through sentinels and barred doors into the very bosom of Royalty itself! Sincerely do we trust that the striking moral to be drawn from this tale may be turned to practical advantage throughout the kingdom."

THE London *Lancet* is about to publish a series of papers prepared by a commission, on the Influence of Railway Travelling on Public Health. The inquiry embraces the following inquiries:—

"The Influence of Railway Travelling on Health—1. As affected by the Ages and Occupations of Individuals. 2. In Healthy Persons. 3. In Unhealthy Persons, and those subject to Special Diseases—*e. g.* Diseases of the Heart and Circulatory System; Brain and Nervous System; Hollow Viscera (as Haematuria); Throat; Eyes, etc. 4. In Females: when Pregnant, or subject to Uterine Disease. 5. In Persons peculiarly susceptible to Sea-sickness. 6. In Regular Travellers—*e. g.* Residents in the Country coming to large Towns (*season-ticket holders*); Travelling Railway Officials; Travelling Clerks of Post Office, etc.; Commercial and other Travellers. 7. In Occasional Travellers. 8. The Effects on certain Constitutions of hurry and anxiety to catch Trains. 9. The Results of prolonged Retention of the Secretions. 10. The Effects on the Spinal Cord, etc., of Continued Jolting—that is, a series of slight Concussions. 11. The Cerebral and Visual Effects of rapidly passing objects, and of reading in moving Carriages. 12. Any Differences resulting from the use of 1st, 2nd, and 3d Class Carriages. 12. Accidents, and especially their Secondary Effects."

Reviews.

A LECTURE. By D. HAYES AGNEW, M.D., Surgeon to the Philadelphia Hospital; Lecturer on Anatomy, etc. Published by the Class. Philadelphia: Lindsay & Blakiston. 1861. Pp. 59.

THE subject of this agreeably written lecture is the life of Baron Larrey. The talented author has given a minute sketch of the military career of this distinguished surgeon, which will be read with interest. We cannot withhold the following narration of the last military acts in the life of this eminent surgeon:—

"For the person of Bonaparte, Larrey entertained the most complete attachment; and it may be said, this feeling was warmly and sincerely reciprocated on the part of the Emperor. When he went to Elba, Larrey desired to be his companion in exile, and received from Napoleon a reply which showed that he loved France more than his own comfort. 'It is not without regret, Monsieur Larrey, that I separate myself from you. You belong to the army, and it is your duty to follow it.' When Napoleon returned from Elba, in 1815, Larrey was the first to meet and welcome his old commander and friend; and with an

eagerness and warmth, which drew from the returned exile the feelings of his heart. 'Continue,' says he, 'your labors, Monsieur Larrey, I hope yet to gain an opportunity of repaying the sacrifices you have made, and the services which you have rendered to our wounded soldiers.' And again, at a distribution of colors to the Deputies, from the departments who were commissioned to welcome Napoleon back to France, and on receiving the flag for the department of the 'Hautes Pyrénées,' he transferred it to Larrey to present to the President of the députation, saying, 'Gentlemen, it affords me unfeigned pleasure to present you these colors, through your compatriot Larrey, who honors humanity by his disinterestedness and his courage. We are indebted to him for having saved a large number of our soldiers in the deserts of Libya, by giving them freely of the little pure water and spirits which had been reserved for his own use, and of which he himself stood in the greatest need.' Indeed, from that day until the disaster of Waterloo, Larrey was the constant companion of the Emperor. On the eve of that great battle, one of his last acts of friendship was an attempt to dispel the shadows of coming misfortune which had already cast a gloom over the mind of Napoleon. During its progress he was not idle for a single moment; operating upon the field, while the carnage was going on, and passing even among the combatants engaged in active mortal strife, to carry, with his flying ambulances, the unfortunate soldier or officer from the ground. But the star of Napoleon was eclipsed; and when Larrey was informed that the French were actually retreating, then only did he think of himself. Even in this hour of extremity his commander did not forget him; urging, through one of his aides, the necessity for a retreat, and directing, in order to secure his personal safety, that he should attempt to gain the frontier by a route which he indicated. It was during this flight that another feature appears in his character to make up the hero. After travelling for one or two leagues with his companions, they were suddenly intercepted by a corps of Prussian lancers. Determined to force his passage, he placed himself at the head of his little band, fired both his pistols into the ranks of the opposing party, and opened a path through which they passed at full gallop. They had passed some distance, when a bullet having entered his horse, the animal fell under him, and before he recovered from the shock, he received on the head and shoulder a double sabre wound, which rendered him insensible. Thinking him dead, the Prussians followed his servants and companions, most of whom they either wounded or took prisoners. After his consciousness was restored, he was able to mount his horse, which had likewise regained his feet, and direct his course through by-ways and corn fields, and had succeeded in reaching the banks of the Sambre, when he was surrounded by another corps of the same army and was obliged to surrender. He was disarmed and deprived of nearly all his clothes; the officers distributed among themselves the contents of his purse, taking his arms, ring, and watch. His figure, and the grey surtou which he wore, resembling those of the Emperor, they were under the impression they had possession of that personage. Securing him to another general officer of rank, and afterwards discovering their mistake, they determined to have him shot. For this purpose he was led out, and when in the very act of being fired upon, he was recognised by the Surgeon-major of the regiment, through whose solicitation the consummation of so barbarous an act was suspended, and an order given to conduct him to General Bulow, the Provost-marshal of the allied armies. This officer having seen him at Berlin, at once recognised him as the distinguished surgeon, and was by no means insensible to his condition, as he was then almost naked, his feet entirely bare, his hands tied behind his back, and his head covered with bloody bandages. Ordering his cords to be removed, he was sent to Blücher General-in-chief of the hostile armies. To him Larrey was personally known, having saved the life of his son during the Austrian campaign. The Marshal treated him with kindness, and after inviting him to breakfast at his table, he presented him with a sum of money, and afterwards caused him to be conveyed to Louvain, where, from some misunderstanding, he was placed in the house of a poor woman, and while drinking his bowl of onion soup, was again recognised by a young medical officer, who, on seeing him, exclaimed in amazement, 'You are Baron Larrey,' and taking to his heels hastened to make known the fact to the municipality, whereupon he was soon taken to the house of the distinguished professional men in Louvain, from whom he received the kindest proofs of friendship and care. By permission from the commander of the allied

powers, he returned to Paris to the society of his family. But now how changed! His long intimacy and association with the Emperor rendered him an object of distrust. From every office and post of honor, over which the government exercised jurisdiction, was he removed, being only retained as surgeon to the hospital of the Guard, thus reducing him to comparative poverty. Among his other misfortunes was the death of an aged and venerated mother, who sank under a pressure of grief, from the erroneous announcement that her son had fallen a victim to his wounds at the battle of Waterloo; and following this event, was the demise of his brother, a surgeon at Nîmes. So extreme had become his resources, that it is creditably related he contemplated, at the request of many friends, a removal to the United States. Strong in his attachments, he could not, however, leave France; and although solicited by the Emperor of Russia, and Don Pedro of Brazil, to take charge of their armies, with the most flattering offers of emolument and rank, he remained firm to his purpose. It was during this period of poverty and melancholy he prepared for the benefit of the world, his fourth volume, containing the campaigns of Russia, Saxony, and France. In 1818, his pension of 3000 francs was restored to him, by an act of the Chamber of Deputies. In 1821, the news of the death of Bonaparte was received, and among all the thousands who mourned the event, there were none who more deeply felt than Larrey. As usual, Napoleon had not forgotten him, even in death, but spoke of him to those around, as the most virtuous man he had ever known, and as a substantial proof of his regard bequeathed to him one hundred thousand francs. In 1826, by permission of the King and the Minister of War, accompanied by his son, he visited England, Wales, Ireland, and Scotland, where he was received with every mark of respect and distinction becoming his character and position.

"On his return to Paris, he assumed his duties as surgeon-in-chief and Medical Inspector-General, which he had received after the death of Napoleon. In 1830, at the breaking out of the Revolution, his services were again called into active requisition, and performed in so important and satisfactory a manner, as to receive, on the accession of Louis Philippe, the 'medal of July.' After this event, he, at the request of the king of the Belgians, visited that country, making a thorough organization of all the military hospitals and ambulances. His report was followed by a flattering letter with the king's autograph, accompanied by a gold snuff-box, on which were inscribed the initials of his Royal Highness in brilliants. In 1834, by permission from the war department, he visited the south of France, and which was to him a tour of much interest and pleasure. He stopped for a time at the place of his birth, and meets, among others, the preceptor of his tender years, the Abbé de Grasset, an old man over ninety years; and in almost every village through which he passed, was he recognised by the crippled remains of the Old Guard, who, overjoyed at the sight of his venerated person, came forth, some without arms, and others on their wooden pins, to do homage before his presence, following his carriage for miles, that they might catch a glimpse of his face. In 1835, he returned again from the south of France, where he had, at the request of the Minister of War, spent some time in visiting the hospitals, in consequence of the prevalence of the cholera, and to whom he presented a detailed and valuable report. In 1840, when the mortal remains of Napoleon were brought home to France, Larrey participated in the formalities attending that great funeral pageant, which he and his associates designated as their 'last campaign.'

"Having a wish to visit again the camp, in 1842 he obtained from Marshal Soult, the Minister of War, an order to visit Algeria, and inspect the hospitals of the French there established. Accompanied by his son, he left Paris, and accomplishing the object of his mission, was on his way home, when he was attacked with pneumonia, and expired at Lyons, on the 25th of July, aged 76 years. His remains were taken to Paris, and on the day when they were deposited in the vault gratuitously prepared by the authorities of Paris, a vast concourse collected to testify their respect for this great man, among whom were the members of the Academy of Sciences, the Society of Medicine, the civil and military authorities, the ancient soldiers of the Empire, and numbers of distinguished citizens. 'If ever,' said Napoleon, 'the military erect a statue, it should be to Baron Larrey, the most virtuous man I have ever known.' Posterity is not insensible to the claims of genius, and already two monuments have arisen to the memory of Larrey; one in 1850, in the court of the Val-de-Grâce hospital, and the other in the hall of the Academy of Medicine."

THE PLACENTA, THE ORGANIC NERVOUS SYSTEM, THE BLOOD, THE OXYGEN, AND THE ANIMAL NERVOUS SYSTEM, PHYSIOLOGICALLY EXAMINED. By JOHN O'REILLY, M.D., Licentiate and Fellow of the Royal College of Surgeons in Ireland, etc., etc. New York: S. S. and W. Wood; London: Churchill. 1861. Pp. 204.

The subjects embraced in this publication are among the most important which now engage the attention of the advanced students of physiological science. With them we involuntarily associate the names of Brown-Séquard, Dalton, Bernard, and others not less distinguished, and yield them the homage due successful pioneers in the thorough cultivation of hitherto unexplored fields. Dr. O'Reilly is evidently an enthusiastic student in whatever department of medical science he directs his inquiries. He chooses by preference the most abstruse subjects, and brings to their investigation experimentation, observation, and ratiocination. To give the various questions which the author has brought forward, and subjected to critical analysis, a complete examination, would be a task for which we have neither time nor space. Nor would such review profit the reader who has access to Dr. O'Reilly's work. It embraces a mass of propositions, experiments, and conclusions, which no one can properly appreciate without carefully perusing the work itself. The author has done a good service by giving to his various publications this permanent form.

PROCEEDINGS OF THE PATHOLOGICAL SOCIETY OF PHILADELPHIA. Vol. I. Philadelphia: J. B. Lippincott & Co. 1860. Pp. 307.

The Philadelphia Pathological Society was organized Oct. 14, 1857, and as the result of four years' labors has put forth a volume respectable in size, and replete with matter of the highest practical interest. Some of the reports are very elaborate, as that on *Cancer of the Pancreas* by Dr. Da Costa, which contains a table of thirty-seven carefully prepared cases. The Pathological Society of Philadelphia has set an example to its sister societies which we trust will not be unregarded.

THE GORILLA; being a Sketch of its History, Anatomy, General Appearance, and Habits. By LEONARD J. SANFORD, M.D. (Read before the Connecticut Academy of Arts and Sciences, Dec. 18, 1861.) From the American Journal of Science and Art.

This reprint contains an anatomical description of the Gorilla, based on the facts brought forward by the American traveller Du Chaillu.

Correspondence.

TREPHINING IN EPILEPSY—CURE; PARALYSIS OF THE PORTIO DURA.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—John Tobin, aet. 28, common laborer, possessing a model physical organization. Two years this coming January, he received a blow on the side of the head, fracturing and depressing the anterior inferior angle of the parietal bone. He had suffered from spasms of an epileptic character as described to me, at intervals as short as a day or two, and rarely three weeks. Cramps of the upper extremities, and especially along the course of the ulnar nerve, were very distressing, as well as a general numbness throughout. He had great difficulty in articulating, and as the friends said, was gradually growing demented. In the midst of a sentence in his narrations he would stop and take up another point, as well as pursue his common avocations

irregularly; and this condition of things gradually increased until he could no longer be trusted in his daily pursuits.

He applied to me, and trephining was advised, and on the 9th of September I operated. The depression in the external table was of a diameter of an inch and a half. I applied a large-sized instrument, removing a portion of bone near an inch in diameter, having a spine of near a quarter of an inch in length projecting from the under surface, that had imbedded itself in the dura mater and substance of the brain, forming a pit in size and shape, much resembling that produced by a grain of coffee. The venous hemorrhage was very profuse from between the tables, from some abnormal distributions resulting from the fracture. He was walking about in two weeks, and has had no spasms since the operation, save from the accumulation of blood and pus within the first few weeks, that gave rise to light ones. The difficulty in his speech was immediately relieved, while the cramps and numbness slowly subsided, and his mental incoherence he has perfectly recovered from. I saw him a day or two since, and upon inquiry as to his well-being, "First-rate," was given in reply. In proof, he had assumed his accustomed duties. I look upon the operation as being attended with the most satisfactory results, more so than usually succeeds after the lapse of time that has occurred in the above case.

Miss B—, aet. 18, healthy, of nervo-lymphatic temperament, was surprised to find her mouth crooked, as she described it. Four days after, when she came to consult me, when she would smile the molars upon the left side were more easily seen than the incisors, for the lips posteriorly were separated. In a word, her mouth was upon the side of her face, and her nose was fast travelling the same road. She claimed to be in perfect health, but upon close inquiry remembered to have felt slight pain in the region of the mastoid process of the right side about the first day. Her hearing was in nowise interfered with, leaving us to infer that the portio dura was alone involved, in spite of the intimate relation with the portio mollis. This condition of things succeeded a fright by an intoxicated brother. To an antiphlogistic course it slowly yielded, restoring perfect symmetry again to her face.

Yours, etc.,

J. T. READ, M.D.

FAIRFIELD, Greene Co., O.
Dec. 11th, 1861.

Medical News.

HOSPITALS OF ROME.—The hospitals of Rome are numerous, and are for the most part kept very clean. La Consolation is destined for the reception of accidents, and contains sixty-two male and twenty-four female beds. The Hospital of St. John Calabita has fifty beds, and is for the reception of those whose complaints are trivial and short. The Hospital of Saint-Gallican, an ancient leper-house, is devoted to skin-diseases, and takes in sixty males, sixty females, and thirty children. The Hospital S. Salvatore is for women suffering from fever, scorbutic and chronic diseases. It receives annually about three thousand patients. The mortality there is great, the air being unhealthy. The students do not attend these hospitals. The Sisters of St. Vincent de Paul perform the minor operations and dressings. The Hospital Saint-Roch is for lying-in women. There is one ward of twenty beds, and many small rooms, etc. The facility of admission here is very great. No questions are asked. The woman takes a number on entering, and, even if she dies, may remain unknown. She can enter veiled, and remain so. This hospital is also closed to students. The Military Hospital receives annually about sixteen hundred sick. St. James's Hospital contains surgical cases, male and female. It has three hundred and eighty-four beds, and receives about two thousand patients. It is kept in excellent order; but the mortality is very great, being about eleven per cent.

There are in it two clinical wards, a fine amphitheatre, and *post-mortem* and dissecting rooms, a museum of pathological anatomy, etc. The Hospital of the Holy Ghost is the largest of all; it will hold two thousand male patients affected with internal diseases. Only six women are admitted into a small clinical ward. All febrile diseases are admitted, without any form or restriction as to age condition, country, or religion.—*Brit. Med. Jour.*

A JOKE IN A RUSSIAN HOSPITAL.—A singular development of Russian discipline is stated by a recent writer as having been witnessed by him during a visit to the military hospital at Riga. The head physician, a German practitioner, described the difficulty which he found in eliciting from the men the real seat of their complaints, as every ailment in the upper part of the body, whether in the head, back, or stomach, they call pain in the heart, and those in the lower parts of the body pain in the leg. Having arrived at the hospital, all the patients that were able to do so arranged themselves in a row, dumb and stiff as if on military parade. "How do you do to-day, old man?" asked the doctor of the first. "My heart pains," was the expected timid reply. "Tongue out," said the doctor, and out it was. Turning to the next, the same question, same reply, and same tongue operation. More than thirty in the row underwent the same medical inquiries and process. When about leaving, the head physician desired his visitor to look round. There stood the whole file in military attitude, with their tongues out. "We looked on for a while," continues the writer, "when the doctor loudly gave the word, 'Tongues in,' and all the articulating organs vanished in an instant. My risible faculties were so excited by the ludicrous scene, that it was some moments after we were in the open street ere I could, rather reproachfully, ask my friend how he could play such a trick on the poor fellows. 'You must not judge,' said he, 'by exceptions. I merely wanted to show you to what extent the blind spirit of discipline prevails among the Russian troops. Nor are the fellows,' added he, 'the worse for the joke; on the contrary, they believe that the cure is greatly promoted by keeping the tongue out in the presence of the doctor—the longer the better.'”—*Lancet.*

ADULTERATION OF PICKLES, BOTTLED FRUITS, AND VEGETABLES.—From an examination, it appears:—That of *seven* samples of *greengages* examined, *four* were colored with *copper*, while *three* were uncolored and free from that metal. That of *five* samples of *gooseberries* analysed, *three* contained much *copper*, and in *two* only was it absent. That a sample of *rhubarb* also contained *copper*. That of *ten* samples of *Pickles*, including *French beans*, *gherkins*, *mixed pickles*, and *West India pickles*, *copper* was found in *seven*, and but *three* were uncontaminated with that metal. That of *five* samples of *preserved peas* tested, *two* contained *copper*. That of *four* samples of *French* or *haricot beans*, *three* were highly colored with that metal, which was also largely present in a sample of *mixed vegetables*. Thus of *thirty-three* samples analysed, *copper* was present, frequently in considerable amount, in no less than *twenty-one* of the samples, or in *nearly two-thirds*.—*Lancet.*

NEW METHOD OF GIVING CHLOROFORM.—At a recent meeting of the Obstetrical Society, Dr. Simpson described a plan of administering chloroform which he has now adopted in preference to that at present in use here. The present mode is to fold up a handkerchief and pour into the hollow a quantity of chloroform, and then hold it at some distance from the face, so as to admit of atmospheric air being inhaled along with the vapor. The new plan is to lay a single layer of handkerchief over the face, and let the chloroform fall on it drop by drop. The advantages are these:—1. That there is less danger to the patient from the smaller quantity applied at a time. 2. That anesthesia is more speedily produced. 3. That the quantity of chloroform required is less. Various gentlemen who had made trial of the plan confirmed the value of this process; and Dr. Young in particular stated that he had kept a patient nar-

cotized for ten hours with two ounces and a half of chloroform.—*Brit. Med. Jour.*

ON ARSENIOUS ACID, IN LARGE DOSES, IN FEVER, A SUBSTITUTE FOR QUININE.—Mr. Turner has employed arsenious acid for twenty years in the treatment of intermittent fevers, and, on account of the great drain upon the cinchona tree, and his strong opinion as to the equal, if not greater, value of arsenious acid in the above-named diseases, he now brings the results of his experience before the Profession. He considers the fears of an inconvenience or danger arising from the remedy as much exaggerated. Mr. Turner's success was so marked that in 1860 the Director-General stated that Mr. Turner should be thanked for "drawing the attention to his successful treatment of intermittent fevers by large doses of arsenic, and steps should be taken by circular to urge an extended trial of this remedy, and reports requested." The course usually adopted by the Author was to give the arsenite of potash as in the following prescription:—B. Liq. potass. arsen. tr. cardam. co., ana 3 ss; mucilag. acac. 3 ij; mist. camph. vel aqua, 3 ss. M. To be given every second hour four or five times, the last to anticipate the expected paroxysm at least two hours.—*Read before the R. M. and S. Society of England.*

HONORS TO PROF. SYME.—That honors seldom come single has proved true in the case of our very eminent professor of clinical surgery, who has within the last few months been selected for honor by three European monarchs: first, by the King of Denmark, who created him a knight of the order of Danebrog; second, by the Emperor of the French, who made him a chevalier of the Legion of Honor; and lastly, by our own Queen, who has appointed him her surgeon in ordinary for Scotland.—*Brit. Med. Jour.*

DEATH OF DR. SOUTHWOOD SMITH.—This eminent sanitarian died Dec. 10th, of bronchitis, in his 73d year. Dr. Smith was the author of several works, all of which passed through many editions. He was for many years physician to the London Fever Hospital, and the results of his experience were embodied in a work on fever. His reports on quarantine cholera are very valuable.

AT the meeting of the Academy of Medicine, Jan. 3, the following officers were elected:—Dr. H. D. Bulkley, Vice-President; Dr. J. H. Hinton, Recording Secretary; Dr. J. G. Adams, Corresponding Secretary; and Dr. J. O. Pond, Treasurer.

PROF. AUSTIN FLINT, JR., has been appointed microscopist to Bellevue Hospital. Dr. Wm. H. Thompson has been appointed Clinical Registrar to the same institution.

VERMONT ASYLUM FOR THE INSANE.—From the twenty-fifth annual report of the officers of this institution, located at Brattleboro', we learn that it is in a highly satisfactory condition. The health of the inmates appears to have been more than ordinarily good, and the recoveries have been numerous. From the report of the superintendent, it appears that 576 patients enjoyed the benefits of this institution the past year. There were 436 remaining at the commencement of the year; 140 have been admitted; 138 have been discharged; and 438 now remain, of whom 230 are males, and 208 are females. Of those discharged, 56 recovered. Since the opening of the Asylum, 3308 have been admitted, and 2870 have been discharged. Of the 2870 discharged, 1547 have recovered.—*Boston Med. Jour.*

REPORT OF DEATHS in the City and County of New York, for the week ending the 6th of January, 1862. Men, 88; Women, 75; Boys, 114; Girls, 105. Total, 382. Adults, 163; Children, 219; Males 202; Females, 188; Colored Persons, 2. The leading causes of death were: bronchitis, 15; infantile convulsions, 29; croup, 15; diphtheria, 6; scarlet fever, 47; typhoid fever, 5; typhus, 5; pneumonia, 23; small-pox, 10; consumption, 64; dropsy in head, 15; infantile marasmus, 12. There was an increase of five over corresponding week of last year, and a decrease of 23 as compared with last week.

MEDICAL DIARY OF THE WEEK.

Monday,	{	NEW YORK HOSPITAL, Dr. Peters, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Thomas, half-past 1 P.M.
Jan. 13.		NEW YORK HOSPITAL, Dr. Watson, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Loomis, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrison, 1 P.M.
Tuesday,	{	NEW YORK HOSPITAL, Dr. Cook, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Sayte, Is. Hos., half-past 1 P.M. ACADEMY OF MEDICINE, half-past 7 P.M.
Jan. 14.		NEW YORK HOSPITAL, Dr. Peters, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Taylor, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrison, 1 P.M.
Wednesday,	{	NEW YORK HOSPITAL, Dr. Watson, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Flint, half-past 1 P.M. EYE INFIRMARY, Dr. Noyes, half-past 1 P.M.
Jan. 15.		NEW YORK HOSPITAL, Dr. Cook, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Wood's Clinic, 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrison, 1 P.M.
Thursday,	{	NEW YORK HOSPITAL, Dr. Peters, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Taylor, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrison, 1 P.M.
Jan. 16.		NEW YORK HOSPITAL, Dr. Watson, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Flint, half-past 1 P.M. EYE INFIRMARY, Dr. Noyes, half-past 1 P.M.
Friday,	{	NEW YORK HOSPITAL, Dr. Cook, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Wood's Clinic, 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrison, 1 P.M.
Jan. 17.		NEW YORK HOSPITAL, Dr. Peters, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Taylor, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrison, 1 P.M.
Saturday,	{	NEW YORK HOSPITAL, Dr. Cook, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Wood's Clinic, 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrison, 1 P.M.
Jan. 18.		NEW YORK HOSPITAL, Dr. Peters, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Taylor, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrison, 1 P.M.

SPECIAL NOTICES.

THE NEW YORK ACADEMY OF MEDICINE.—DR. CONANT will read a paper before the Academy, Wednesday Evening, January 16th, "On the Science, Causes, and Anatomical Characteristics of Human Monstrosities."

To Physicians. A Physician in good practice, of more than ten years' standing, in the city of Brooklyn, N. Y., who has a business of value, but whose failing health makes another climate desirable, would like to negotiate with respectable parties having means at command, for the transfer of the good will of his business. Further particulars may be obtained upon application at No. 124 Dean street, Brooklyn, at any time between 7 and 9 o'clock P.M.

Rensselaer Polytechnic Institute, Troy, N. Y.—The seventy-sixth semi-annual session of this Institution for instruction in the Mathematical, Physical, and Natural Sciences, will commence Feb. 19th, 1862. A full course in Military Science is now in progress.

Further information, with the Annual Register, can be obtained of PROF. CHARLES DROWNE, Director.

To Physicians.—Timolat's Old Established SULPHUR AND VAPOR BATHS. Introduced in 1820 by L. J. TIMOLAT, from Paris, at No. 1 Carroll Place, Bleecker street, corner of Laurens street, New York. Given daily by A. L. TIMOLAT & CO.

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JUST RECEIVED, COMPLETE COLLECTIONS OF THE ENGLISH GOVERNMENT REPORTS ON THE MILITARY MEDICAL DEPARTMENT, VIZ.:

Medical and Surgical History of the British Army, which served in Turkey and the Crimea during the War against Russia in the years 1854-5-6. 2 vols. 4to. London, 1858. \$12.50.

Report of the Commissioners appointed to inquire into the regulations affecting the Sanitary Condition of the British Army, the Organization of Military Hospitals, and the Treatment of the Sick and Wounded; with Evidence and Appendix. 4to. London, 1855. \$10.

Report of the Proceedings of the Sanitary Commission despatched to the Seat of War in the East, in 1855-56. 8vo. London, 1857. \$4.

Statistical, Sanitary, and Medical Reports of the British Army, for the year 1859. London, 1861. \$2.50.

General Report of the Commission appointed for Improving the Sanitary Condition of Barracks and Hospitals in the British Army. Folio. London, 1861. \$2.50.

As these Reports are now difficult to be procured, intending purchasers are requested to make early application for them.

Armand, Histoire Medico-Chirurgicale de la Guerre de Crimée. 8vo. Paris. \$1.85

Baudens.—La Guerre de Crimée, les Campements, les abris, les ambulances, les hopitaux, &c., &c. Second edition, 12mo. Paris, 1858. \$1.

Bertheraud.—Campagne d'Italie de 1859. Lettres Medico-Chirurgicales écrites du Grand-Quartier général de l'armée. 12mo. Paris, 1860. \$1.00.

Bertheraud. Campagnes de Kabylie. Histoire Medico-Chirurgicale des Expéditions de 1854, 1856, and 1857. 8vo. Paris, 1862. \$1.80.

Boudin.—Résumes des dispositions légales et réglementaires qui président aux opérations médicales du recrutement, de la réforme et de la retraite dans l'armée de terre. 8vo. Paris. 50 cts.

Boudin.—Système des Ambulances des Armées Françaises et Anglaises. 8vo. Paris. 87 cts.

Boudin.—Souvenirs de la Campagne d'Italie. 8vo. Paris. 75 cts.

Cazalas. Maladies de l'Armée d'Orient. Campagne de 1854-55-56. 8vo. Paris, 1860. \$1.25.

Fraser. A Treatise upon Penetrating Wounds of the Chest. 8vo. London, 1859. \$1.60.

Gross, S. D.—A Manual of Military SURGERY; or, Hints on the Emergencies of Field, Camp, and Hospital Practice. 24mo. Philadelphia. 50 cents.

Guthrie.—Commentaries on the SURGERY OF THE WAR IN PORTUGAL, SPAIN, FRANCE, and the NETHERLANDS. With Additions relating to the War in the Crimea. 8vo. London. \$4.65.

Hamilton, F. H.—A Practical TREATISE ON MILITARY SURGERY. Fully illustrated. 8vo. New York: 1861. \$2.

Jacquot. Du Typhus de l'Armée d'Orient. 8vo. Paris, 1858. \$1.87.

Notes on the Surgery of the War in the Crimea, with Remarks on the Treatment of Gunshot Wounds. By GEORGE H. B. MACLEOD, M.D. Philadelphia, 1861. \$1.50.

On Fractures of Bones and Resection in Gunshot Injuries. By DR. LOUIS STROMEYER. 8vo. London. \$1.87.

Outlines of Military Surgery. By SIR GEORGE BALLINGALL, M.D. 5th edition, 8vo. London. Price \$4.00.

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